PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	STATEM			F		DEPAR Secretar	y of S	tate	STATE				5 PH I JRY OF S SSEE, FLO		
DOČU	tion Name	_	POI			015	-								
<i>Ca</i>	MKH.	D 1°C	MPIN	/6, -	LNC	٠									
2. Principal	1 Office Addres				3. Mailing O	ffice Addre				DEN	KT	1 77	CRACI	NT	03-04
14406 LOST LAKE RD.					14406 LOST LAKE RD.						TO 1.	78	است ۱۷۵ سے		0,00
Suite, Apt. #, etc.					Suite, Apt. #, etc.					4. Date incorporated or Qualified To Do Business in Florida 4/19/01					
CLERMONT FL					CURMONT FL					59-3726469 Applied For					
zip. 347	711 LAKE				34711 Country					CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status					
			· · · · ·		7. N	lame and A	Address	of Currer	nt Register	ed Agent			<u></u>		
	Name RAY A. CONRAD													1	
	Street Address (P.O. Box Number is Not Acceptable) 1440 6 LOST LAIKE ROAD														
	Suite, Apt.	#, Etc.													
_	City	re	RMON	ST			_				State FL	ZipC	₩ ^e 7//		L
8. I, being a	appointed the	e registere	ed agent of the	e above	named corpo	ration, am	familiar v	with and a	ccept the o	bligations of sect	tion 607.05	05 or 61	7.0503, F.\$.		(10/02
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent Lay A Grand Date 1/16/64 REGISTERED AGENT MUST SIGN															
9. Names	and Street A	Adresses	of Each Office					orations m	ust list at le	east 3 directors)					
9. Names and Street Addresses of Each Officer and Titles Name of Officers and/or Directors					Street Address of Each Officer and/or Director					ch City / State / Zip					
Presjup	RA	m A	. CON	RAÌ) -	14	406	Lost	LAK	e RA	Cc	tRN	IONT FO	34	711
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										02/29	300: 5/04	0102	8012	**150	.00
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10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. SIGNATURE: SIGNATURE: Date Date Dayline Phone #															
	S	IGNATUR	AND TYPED	OR PRINT	ED NAME OF	SIGNING OF	FICER O	R DIRECTO	JK		Date '		Daytin	me Prione #	